

Exhibit E

TH/JB



STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
320 WEST WASHINGTON STREET
SPRINGFIELD, ILLINOIS 62767

July 15, 1993

RECEIVED
STATE F/ 11/1993

JUL 16 1993

HOME OFFICE
ACTUARIAL DEPARTMENT

remove from Ill. office

Terry L. Huff, F.S.A.
Actuary
State Farm Life Insurance Company
1 State Farm Plaza (B-1)
Bloomington, Illinois 61710

Re: Universal Life Annual Notices
Your Letter Dated June 28, 1993

Dear Mr. Huff:

Thank you for your letter.

We have decided to drop our requirement to disclose plan mortality deduction and expense charges for the next policy year. Although we have always required this information to be disclosed on the Annual Report, we question the value of this information and we are dropping this requirement for all Universal Life filings approved on or after June 25, 1993.

Please let us know if you have any questions.

Very truly yours,

Charles J. Budinger, CLU
Supervising Insurance Analyst
L/A&H Compliance Unit
(217) 782-4572

CJB:mdw

TH

GENERAL TRANSMITTAL SHEET

PAGE 1 OF 1

1) COMPANY NAME	STATE FARM LIFE INSURANCE COMPANY				
2) COMPANY FEIN	37-0533090				
3) COMPANY FILING NUMBER	SFL9306031				
4) COMPANY CONTACT PERSON	TERRY L. HUFF				
5) CONTACT PERSON PHONE #	(309) 766-2763				
6) SUBMITTAL DATE	June 3, 1993				

7) NEW POLICY FORMS

CALCULATIONS FILED
Annual Report filed
Summary filed

Approved JUN 25 1993
Under Rule 916 for Life Business
State of Illinois
Department of Insurance
*State of Illinois
Department of Insurance*

DIRECTOR OF INSURANCE					
(a) SEQ #	(b) NEW POLICY FORM #	(c) CAT	(d) TYPE	(e) CODE	(f) SUB-CODE
(g) P/N					

1 94030	INL	POL	UNL	FLP	P
2 94126	INL	OER	TEL	LEB	
3 94141	INL	OER	CIB	LEB	
4 94206	INL	OER	WOP		
5 94226	INL	OER	ACD		
6 94251	INL	OER	GUI		
7 94305	INL	OER	EXC		
8 94306	INL	OER	EXC		
9 94307	INL	OER	EXC		
10 94308	INL	OER	EXC		

8) NEW ATTACHMENTS (Required Endorsement/Rider(Type RER), Matrix/insert page (Type MIP)) to be added to every policy form listed in Section 7 and/or Section 9. If the attachments do not attach to all policy forms listed in Section 7 and/or Section 9, those attachments must be submitted on a separate transmittal sheet.

(a) SEQ #	(b) NEW ATTACHMENT FORM #	(c) CAT	(d) TYPE	(e) CODE	(f) SUB-CODE
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9) PREVIOUSLY APPROVED POLICY FORMS If the new attachments (Type RER and END), in Section 8 are to be added to a previously approved policy form, list below.

PREVIOUSLY APPROVED POLICY	
(a) FILING #	(b) FORM #
10) PREVIOUSLY APPROVED ATTACHMENTS If a previously approved attachment is to be used with a new policy form listed in Section 7, list those attachments below.	

RECEIVED
PREVIOUSLY APPROVED ATTACHMENT
STATE FARM LIFE
(a) FILING # (b) FORM #
JUN 30 1993

HOME OFFICE
ACTUARIAL DEPARTMENT

